

THORNTON POLICE DEPARTMENT

Request for Criminal Justice Information

+ YOUR PRINTED NAME		TODAY'S DATE		CASE REPORT#/REFERENCE # (Leave blank if unknown)	
ADDRESS		CITY		STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	DATE OF BIRTH		
<input type="checkbox"/> TO BE FAXED <input type="checkbox"/> TO BE MAILED <input type="checkbox"/> TO BE E-MAILED		ENTER INFO BELOW IF BOX IS CHECKED			
FAX#, ADDRESS OR E-Mail ADDRESS		CITY		STATE	ZIP
SECTION 1	FOR EACH INCIDENT REPORT, PHOTO, OR ADDRESS SEARCH REQUESTS Staff research & redaction time is billed in half hours @ \$20.00 per hour FOR EACH DISPATCH CHRONOLOGY/TAPE/CD the research & redaction time is billed in accordance with City of Thornton - Administrative Directive 3-6 (4.8. j. 2). See reverse bottom of this form. THE RESEARCH FEE FOR POTENTIAL EVENT LOBBY CCTV COVERAGE IS A <u>NON-REFUNDABLE \$50.00</u> (See Section 5 – On Reverse Side Of Page)				
	TYPE OF REQUEST:	<input type="checkbox"/> Report \$5 (1 st 5 pages & \$0.25 additional pages) <input type="checkbox"/> \$1.00 per page Certified	<input type="checkbox"/> Photos \$15.00 each CD	<input type="checkbox"/> Address Search \$1.00 per page <input type="checkbox"/> Lobby CCTV Surveillance \$50.00 non-refundable	Each Dispatch CD: \$50 Deposit + \$10 Material Fee = \$60.00 each <input type="checkbox"/> 911 Audio CD <input type="checkbox"/> Radio Traffic CD <input type="checkbox"/> Dispatch Chronology= \$1.00 per page
Note: If the requested report is stored off-site \$35.00 OFF-SITE RETRIEVAL FEE is added to cost of report					
TYPE OF REPORT:	<input type="checkbox"/> ARREST/CITATION <input type="checkbox"/> INCIDENT REPORT	<input type="checkbox"/> TRAFFIC ACCIDENT	<input type="checkbox"/> OTHER <i>please specify:</i>		
DATE OF INCIDENT: (Estimate if necessary)		TIME OF INCIDENT: (Estimate if necessary)			
LOCATION OF INCIDENT: (Estimate if necessary)					
PERSONS INVOLVED:	NAME: DOB:	NAME: DOB:			
YOUR RELATIONSHIP TO <u>ANY</u> JUVENILE NAMED IN THE REPORT (You are required to submit proof ORIGINAL birth certificate, court document)		NAME(S) OF THE JUVENILE(S):			
SECTION 2	FOR CLEARANCE LETTER (RECORDS CHECK)				
FULL NAME			DATE OF BIRTH		
FULL NAME			DATE OF BIRTH		
SECTION 3	PECUNIARY GAIN AFFIRMATION				
PURSUANT TO C.R.S. 24-72-305.5. I UNDERSTAND THAT COLORADO LAW PROHIBITS ME FROM USING RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS AND THE INFORMATION IN SUCH RECORDS FOR THE PURPOSE OF SOLICITING BUSINESS FOR PECUNIARY GAIN.					
I ALSO UNDERSTAND ANY BOOKING PHOTOGRAPHS OBTAINED WITH THE REQUEST WILL NOT BE PLACED IN A PUBLICATION OR POSTED TO A WEB SITE THAT REQUIRES THE PAYMENT OF A FEE OR OTHER EXCHANGE FOR PECUNIARY GAIN IN ORDER TO REMOVE OR DELETE THE BOOKING PHOTOGRAPH FROM THE PUBLICATION OR WEB SITE.					
I HEREBY SWEAR AND AFFIRM THAT THE RECORDS I OBTAINED FROM THE THORNTON POLICE DEPARTMENT AS A RESULT OF THIS OPEN RECORDS REQUEST SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN.					
DATE	SIGNATURE				

THORNTON POLICE DEPARTMENT

Request for Criminal Justice Information

Rev (7/20/16)

REQUEST FOR EACH DISPATCH CHRONOLOGY/Or RECORDING

911 (AUDIO) (220 Day retention from incident date)

Radio Traffic (AUDIO) (220 Day retention from incident date)

Dispatch Chronology (For events after 3/2/2009, events prior can be obtained from Adams County Communications Center (ADCOMM))

Lobby CCTV Surveillance (45 Day Recording Retention)

NOTE: Not all areas of the lobby are under video/audio surveillance. There is no guarantee that an event has been recorded.
The \$50.00 research fee is NON-REFUNDABLE.

For Each Incident - Dispatch CD \$50 Non-Refundable Deposit plus \$10 Material Fee = \$60.00

EVENT NUMBER			
CASE NUMBER			
TIME OF INCIDENT			
DATE OF INCIDENT			
TYPE OF INCIDENT			
LOCATION OF INCIDENT			
OFFICER ASSIGNED			
POLICE RECORDS UNIT RECEIVED REQUEST & ADDED/UPDATED DISSEMINATION		INITIALS/EMPLOYEE#	DATE & TIME/
CIRCLE SENT TO: STRAUBINGER / COMM CENTER / EVIDENCE		INITIALS/EMPLOYEE#	DATE & TIME/
COMM CENTER RECEIVED REQUEST		INITIALS/EMPLOYEE#	DATE & TIME/
COMM CENTER RETURNED TO PD RECORDS INBOX		INITIALS/EMPLOYEE#	DATE & TIME/
PD RECORDS CALLED REQUESTOR- UPDATED DISSEMINATION		INITIALS/EMPLOYEE#	DATE & TIME/
CUSTOMER PICKED UP- UPDATE DISSEMINATION MODULE		INITIALS/EMPLOYEE#	DATE & TIME/

Administrative Directive 3-6

4.8 j-2

For open Records requests to any other department, a research fee equal to the City's costs will be charged on time required in excess of 30 minutes to produce the requested information. **The City's costs for research shall be the hourly rate equal to that of the employee's salary and benefits of the person(s) doing the research.** In addition, if the Record custodian determines that the research time will extend beyond two hours, a \$50 deposit will be required.